



National
Aeronautics and
Space
Administration

Employee Lookup Form

Instructions

Enter employee email first, and then tab out to search X500 directory.

Email Address

Prepared By

8. TRAVEL PERIOD (Dates on or about)

a. BEGINNING

b. ENDING

Name

Center

Phone

Building And Room

MailStop

Company

Org Code

Employee ID



National
Aeronautics and
Space
Administration

Travel Request and Authorization

CONDITION: The travel and transportation authorized are in the interest and to the advantage of the Government, and are not made primarily for the convenience or benefit of the employee or at their request. Expenses may be incurred in accordance with applicable laws, NASA Travel Regulations, and the Joint Travel Regulations, where applicable.

PREPARED BY		AUTHORIZATION NUMBER		DATE	
1. TRAVELER (Name and Title)		2. EMPLOYEE NUMBER		3. OFFICE PHONE	
4. OFFICIAL STATION (Name, City, State)		5. MAIL CODE		6. FLSA EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. TYPE OF TRAVEL <input type="checkbox"/> A. SINGLE TRIP <input type="checkbox"/> B. UNLIMITED OPEN AUTHORIZATION <input type="checkbox"/> C. LIMITED OPEN AUTHORIZATION <input type="checkbox"/> D. AMENDMENT/ EXTENSION <input type="checkbox"/> E. EXTENDED TDY <input type="checkbox"/> F. INVITATIONAL EXTENDED		8. TRAVEL PERIOD (Dates on or about) a. BEGINNING _____ b. ENDING _____			
9. ITINERARY		10. TRAVEL ADVANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		c. AMOUNT (if yes) _____	
11. PURPOSE OF TRAVEL		12. GOVERNMENT ISSUED CHARGE CARD			
13. PER DIEM	DESCRIPTION		(1) LODGING	(2) M&IE	(3) PER DIEM
	<input type="checkbox"/> a. LODGING PLUS				
	<input type="checkbox"/> b. ACTUAL EXPENSES				
	<input type="checkbox"/> c. FLAT RATE (Extended TDY)		<input type="checkbox"/> d. NOT AUTHORIZED		
<input type="checkbox"/> d. ALLOWANCE PAID TO MILITARY UNDER JOINT TRAVEL REGULATIONS, VOL. 2		<input type="checkbox"/> f. OTHER (SPECIFY) _____			
14. MODE OF TRANSPORTATION AUTHORIZED					
a. COMMON CARRIER <input type="checkbox"/> (1) AIR <input type="checkbox"/> (2) RAIL <input type="checkbox"/> (3) BUS <input type="checkbox"/> (4)		b. CONTRACT AIR <input type="checkbox"/> (1) AVAILABLE <input type="checkbox"/> (2) NOT AVAILABLE <input type="checkbox"/> (3) UTILIZED <input type="checkbox"/> (4) NOT UTILIZED (Justify in item 16 below)			c. GOVT-OWNED CONVEYANCE <input type="checkbox"/> (1) AUTO <input type="checkbox"/> (2) AIR <input type="checkbox"/> (3)
d. PRIVATELY OWNED CONVEYANCE <input type="checkbox"/> (1) DETERMINED ADVANTAGEOUS TO THE GOVERNMENT AT THE RATE OF \$ 0. _____ PER MILE, PLUS FERRY FARES, PARKING FEES, BRIDGE, ROAD, AND TUNNEL FARES. <input type="checkbox"/> (2) PERSONAL PREFERENCE RATE AT \$ 0. _____ PER MILE (Reimbursement rate not to exceed cost of preferred mode)					
15. OTHER AUTHORIZATIONS <input type="checkbox"/> a. RENTAL CAR <input type="checkbox"/> b. OFFICIAL TELEPHONE CALLS <input type="checkbox"/> c. ANNUAL LEAVE (number of Days) <input type="checkbox"/> d. REGISTRATION FEE (if meals are included, specify in item 16)					
16. ADDITIONAL INFORMATION AND AUTHORIZATIONS					
17. REQUESTING OFFICIAL	a. TYPED NAME AND TITLE		b. SIGNATURE		c. DATE
18. AUTHORIZING OFFICIAL	a. TYPED NAME AND TITLE		b. SIGNATURE		c. DATE
14. MODE OF TRANSPORTATION AUTHORIZED					
ESTIMATED COST			h. ACCOUNTING AND APPROPRIATION DATA		
DESCRIPTION		AMOUNT			
a. TRANSPORTATION					
b. PER DIEM					
c. RENTAL CAR					
d. MILEAGE/PARKING/TAXI					
e. REGISTRATION FEE					
f. MISCELLANEOUS				i. CERTIFICATION OF FUND AVAILABILITY (Signature and Date)	
g. TOTAL					

Overseas Travel Order

1a. PREPARATION DATE

4b. END

b. REVALIDATED
PASSPORT

8. LETTERS FROM HEADQUARTERS TO ANY ORGANIZATIONS LISTED IN ITEM 19 (Give complete information in item 20 or attach additional sheets.)

☐ a. YES ☐ b. NO

b. GOVERNMENT AIR

d. OTHER

a. FIXED RATE: \$

b. VARYING RATES PER ETR OR ITR, AS APPROPRIATE

c. FLAT RATE (Extended TDY)

16. PURPOSE OF TRAVEL (Explain fully. Attach additional sheet if necessary.)

11

YES

9

NO

17a. AMOUNT (If yes)

11

YES

1

NO

19. ITINERARY (Include countries to be visited, organizations, locations, etc.)

20 SPECIAL PROVISIONS OR REMARKS

YES

7

☐ NO

SIGNATURE OF MEDICAL DIRECTOR

22. REQUESTING OFFICIAL

SIGNATURE

TITLE

FOR FISCAL OFFICE USE

ACCOUNT NUMBER

a. Transportation

b. Per Diem

c Rental Car

d.Registration Fee

e. Miscellaneous

f. TOTAL

23. CERTIFICATE OF AUTHORIZATION BY DESIGNATED AUTHORIZING OFFICER

You are hereby authorized to travel at Government expense under the conditions noted on this authorization and in accordance with the Federal Travel Regulations or Joint Travel Regulations, as appropriate. The order number and the date of this authorization must appear on each voucher claiming reimbursement for expenses incurred consequent to this order.

SIGNATURE

TITLE



National
Aeronautics and
Space
Administration

Service Agreement - Overseas Employment

In consideration of being granted certain entitlements from my place of residence at the time of appointment to a position outside the United States for travel, transportation, and movement of household goods in accordance with 5 U.S.C. 5722, I the undersigned hereby agree to remain in the Service of the United States Government for 12 months following the effective date of transfer, unless separated for reasons beyond my control which are acceptable to the National Aeronautics and Space Administration.

In case of violation of this agreement, it is understood that any moneys spent on behalf of myself or immediate family once I have officially accepted a position at

(Destination)

(Duration of Assignment)

for any entitlement officially authorized by the National Aeronautics and Space Administration shall be considered a debt recoverable in full by the United States.

It is further understood that, in the event of a transfer to another Government agency or as the result of an intra-agency transfer before serving the full 12 months of this agreement, that I shall continue to be liable to the United States Government for the number of months remaining unserved at time of my transfer from

It is further understood that I will not be eligible for return travel and transportation entitlements to my residence at the time of appointment at U.S. Government expense until I have completed the period of service agreed upon, unless the reason for separation is acceptable to the National Aeronautics and Space Administration.

I agree that I will give advance notice (not to exceed 90 days) of my intention to request return to the place of my residence as set forth below.

(Place of actual residence on date appointed)

(Signature of appointee)

(Date)

DETERMINATION OF APPOINTING OFFICIAL

Based upon the evidence presented, I hereby determine that the place of residence of

(Name of appointee) _____

at the time of appointment was as stated above.

(Signature of appointing officer)

(Date)



National
Aeronautics and
Space
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Request for Approval of Foreign Training, Non-Program Travel or Gifts of Travel From Non-Federal Sources

1. CENTER			
2. EMPLOYEE:		3. ACCOMPANYING SPOUSE (If applicable):	
NAME _____		NAME _____	
POSITION _____		POSITION _____	
TRAVEL DATES:		TRAVEL DATES:	
FROM _____ TO _____		FROM _____ TO _____	
4. EVENT/PURPOSE OF TRAVEL			
5. SPONSOR OF EVENT		6. LOCATION OF EVENT/TRAVEL	
7. DATES OF EVENT/TRAVEL:		8. NATURE OF EVENT/TRAVEL	
FROM _____			
TO _____			
9. NON-FEDERAL SOURCES OF PAYMENT (Identify all non-Federal sources from which payment will be accepted under 31 U.S.C. 1353 for this employee and/or accompanying spouse in connection with this event)			
10. NATURE OF REIMBURSABLE PAYMENTS (Itemize amount for each entitlement under the appropriate heading for the employee and spouse)			
EMPLOYEE		SPOUSE (If applicable)	
a. AIRFARE _____	c. MISCELLANEOUS _____	a. AIRFARE _____	c. MISCELLANEOUS _____
b. PER DIEM _____	d. TRANSPORTATION _____	b. PER DIEM _____	d. TRANSPORTATION _____
TOTAL PAYMENTS BY CHECK/EFT _____		TOTAL PAYMENTS IN KIND _____	
11. REMARKS (If applicable)			
12. CENTER DIRECTOR (Or designee)		<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> SEE ATTACHED REMARKS	DATE
13. OFFICE OF CHIEF COUNSEL (Travel arrangements accepted under 31 U.S.C. 1353)		<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> SEE ATTACHED REMARKS	DATE
14. OFFICE OF GENERAL COUNSEL, NASA HQ (Travel arrangements accepted under 31 U.S.C. 1353)		<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> SEE ATTACHED REMARKS	DATE
15. OFFICE OF HUMAN RESOURCES AND EDUCATION, NASA HQ (Personnel programs, training only)		<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> SEE ATTACHED REMARKS	DATE
16. OFFICE OF EXTERNAL RELATIONS, NASA HQ (Travel arrangements involving foreign travel)		<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> SEE ATTACHED REMARKS	DATE
17. DIRECTOR, FINANCIAL MANAGEMENT DIVISION (Travel Office)		<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE <input type="checkbox"/> SEE ATTACHED REMARKS	DATE

INSTRUCTIONS FOR COMPLETING THE NASA SCIENTIFIC AND TECHNICAL DOCUMENT AVAILABILITY AUTHORIZATION (DAA) FORM

When to use this form. Use NF 1676 (or your center's equivalent) for all NASA-generated or -funded scientific and technical information (STI) that is to be released outside NASA, regardless of whether the STI is to be disseminated in print or electronically, including on web pages. [Centers may use the DAA to review STI that will be presented at internal meetings at which foreign participation is likely or invited.] The DAA records the availability and distribution of STI in any media, per NPG 2200.2, "Guidelines for Documentation, Approval, and Dissemination of STI." Typical examples of STI include presentations, articles, reports, papers, and proceedings. As the responsible NASA Author, Project Officer, Technical Monitor, or other appropriate NASA official, you initiate the DAA and route it through your center's or HQ Export Control Administrator. You should coordinate publication with your center's responsible office or technical publications office. For additional information, see <http://www.sti.nasa.gov>, "Publish STI." For Administratively Controlled Information, see NPG 1620, section 4.4.7 and use NF 1686.

Approvals. As the Author/Originator, you initiate the DAA, provide a summary and description (title, abstract, etc.) or a completed copy of the document with the DAA, recommend the availability and distribution (Sections I through III and VI), obtain information and signature in IV (if applicable)--to the extent the document discloses an invention and forward to Project Manager/Technical Monitor/Division Chief. The Project Manager/Technical Monitor/Division Chief reviews and approves Section V (if applicable) and Section VII, including a re-review of the planned availability and distribution, and sends to Export Control Administrator for approval in Section VIII and center approving official (Section IX), who provides a final review and approval for release. DAA is sent to the center's technical publications or responsible office (Section X), which keeps one copy on file, sends a copy with the STI to the NASA Center for AeroSpace Information (CASI), and coordinates with the center's Records Manager.

Original/Modified: Either "original" or "modified" when you have significant changes to previously submitted information.

I. Document/Project Identification. Do NOT enter classified information on this form, e.g., provide unclassified title and abstract.

Authors: List in same order and with exact names as on STI.

Originating NASA Organization: NASA center and other organizational information.

Performing Organization: (if different than originating NASA organization).

Contract/Grant/Interagency/Project Number(s): Provide the Research and Technology Operating Plan (RTOP) number.

Document Date: Month and Year.

II. National Security Classification. Enter the applicable classification for the document. If there are unique access requirements, see NPG 1620. Classified information may only be provided to or discussed with individuals granted a valid security clearance at the same level, or above, the classification level of the document, who have a legitimate need to know the information in the performance of their official duties, and, if required, have the appropriate access briefing. It is incumbent upon the individual providing a classified document under the conditions noted above to ensure that the recipient can provide appropriate secure storage for the

document. Should classified information be presented or discussed, it is incumbent upon the presenter to ensure that the room/location is approved for classified discussion in accordance with applicable security procedures.

III. Availability Category [for Unclassified STI]:

Export-Controlled Document. Check ITAR or EAR, if appropriate. Author recommends the USML or CCL, ECCN numbers, if known. See NPG 2200.2, paragraph 4.5.3.

Confidential Commercial STI (Trade Secrets, SBIR, Copyrighted): See NPG 2200.2, paragraph 4.5.7. If you check one of these boxes, also check the appropriate limitation and expiration. Limitations refer to the user groups who may obtain your STI either in initial distribution or later request. These limitations will appear on and apply to reproduced copies of the STI. STI marked for "NASA personnel" is not to be made available to on-site contractors. If you check "Available Only with the Approval of Issuing Office," the NASA Center for AeroSpace Information (CASI) will provide only bibliographic information with no initial distribution, and all requests will be referred to your issuing office. If the document is copyrighted, see NPG 2200.2, paragraph 4.5.7.3.

Publicly Available STI - Unrestricted Distribution: Check this box if the STI may be made available to the public (domestic and international) without restrictions.

IV. Document Disclosing an Invention: See NPG 2200.2, paragraph 4.5.9. When you check this box, also check an availability category; you must have this category approved by your center Patent or Intellectual Property Counsel. Report invention to NASA according to your contract or grant or, if NASA employee, see NPD 2091 and NF 1679, "Disclosure of Invention and New Technology." See Section VI.

V. Blanket Release (Optional): Use this when you approve all STI produced under the specified contract, grant, or project to have the same distribution or availability designations, as noted in Sections II and III. You can enter more than one contract number or RTOP. You may also use this option to rescind or modify an earlier Blanket Availability Authorization, as indicated in Sections II and III. Your Project Manager/Technical Monitor/Division Chief reviews and approves Section V (if applicable).

VI. Author/Originator Verification: Author or Originator must sign and date.

VII. Project Officer/Technical Monitor/Division Chief Review: Project Officer, Technical Monitor, Author or Originator Division Chief must sign and date.

VIII. Export Control Review/Confirmation: The center or HQ Export Control Administrator verifies information from block III and approves release.

IX. DAA Final Approval: Center or HQ Program Manager completes this section.

X. Disposition: DAA is sent to the center's responsible office or technical publications office, which keeps one copy on file and sends a copy with the STI to the NASA Center for AeroSpace Information. For contractor-generated STI that is to be published by NASA, the responsible office or technical publications office notifies the Contracting Officer when the DAA has been approved. The Contracting Officer notifies the contractor of this approval.



National
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NASA Scientific and Technical Document Availability Authorization (DAA)

Use this form for all STI that is to be released outside of NASA. See instructions on page 3.

☐

ORIGINAL

☐

MODIFIED

I. DOCUMENT/PROJECT IDENTIFICATION

TITLE		AUTHOR(S)	
ORIGINATING NASA ORGANIZATION (Include organization code)		PERFORMING ORGANIZATION (If different)	
CONTRACT/GRANT/INTERAGENCY/PROJECT NUMBER(S)		DOCUMENT NUMBER(S)	DOCUMENT DATE
CHECK: <input type="checkbox"/> Conference <input type="checkbox"/> Periodical <input type="checkbox"/> Journal Name <input type="checkbox"/> Book Title <input type="checkbox"/> Publisher <input type="checkbox"/> URL and enter name, place, and date to right, if applicable. Route through center or HQ Export Control Administrator.			

II. NATIONAL SECURITY CLASSIFICATION (Check one of the four boxes)

☐

TOP SECRET

☐

SECRET

☐

CONFIDENTIAL

☐

UNCLASSIFIED

III. AVAILABILITY CATEGORY

(Author indicates ITAR or EAR, if appropriate. Author indicates USML or ECCN/CCL numbers, if known.
Center or HQ Export Control Administrator must concur in Section VIII)

NASA EXPORT-CONTROLLED PROGRAM STI <input type="checkbox"/> International Traffic in Arms Regulations (ITAR) <input type="checkbox"/> Export Administration Regulations (EAR)	Export-Controlled Document - U.S. Munitions List (USML Category) _____ or Export Control Classification Number (ECCN) _____ from the Commerce Control List (CCL) _____						
CONFIDENTIAL COMMERCIAL STI (Check appropriate box below and indicate the distribution limitation (see Additional Information and "Limited until (date)" if applicable): <input type="checkbox"/> TRADE SECRET <input type="checkbox"/> Small Business Innovation Research (SBIR) <input type="checkbox"/> COPYRIGHTED (indicate appropriate distribution limitation (see Additional Information), if applicable).	<input type="checkbox"/> Limited until (date)- if applicable _____ <input type="checkbox"/> Limited until (date)- if applicable _____ <input type="checkbox"/> Limited until (date)- if applicable _____ <input type="checkbox"/> Publicly available (but subject to copying restrictions)						
ADDITIONAL INFORMATION (Check appropriate distribution limitation below and/or limited until (date) above, if applicable). <table border="0"> <tr> <td><input type="checkbox"/> U.S. Government agencies and U.S. Government agency contractors only</td> <td><input type="checkbox"/> NASA contractors and U.S. Government only</td> </tr> <tr> <td><input type="checkbox"/> U.S. Government agencies only</td> <td><input type="checkbox"/> NASA personnel only</td> </tr> <tr> <td><input type="checkbox"/> NASA personnel & NASA contractors only</td> <td><input type="checkbox"/> Available only with approval of issuing office: _____</td> </tr> </table>		<input type="checkbox"/> U.S. Government agencies and U.S. Government agency contractors only	<input type="checkbox"/> NASA contractors and U.S. Government only	<input type="checkbox"/> U.S. Government agencies only	<input type="checkbox"/> NASA personnel only	<input type="checkbox"/> NASA personnel & NASA contractors only	<input type="checkbox"/> Available only with approval of issuing office: _____
<input type="checkbox"/> U.S. Government agencies and U.S. Government agency contractors only	<input type="checkbox"/> NASA contractors and U.S. Government only						
<input type="checkbox"/> U.S. Government agencies only	<input type="checkbox"/> NASA personnel only						
<input type="checkbox"/> NASA personnel & NASA contractors only	<input type="checkbox"/> Available only with approval of issuing office: _____						
<input type="checkbox"/> Publicly Available STI	Publicly available means it is unlimited and unclassified, is not export-controlled, does not contain confidential commercial data, and has cleared any applicable patent application.						

**IV. DOCUMENT DISCLOSING AN INVENTION**

☐ If STI discloses an invention, Author/Originator must check box and send to Patent Counsel.

THIS DOCUMENT MAY BE RELEASED ON (date) _____

NASA HQ OR CENTER PATENT OR INTELLECTUAL PROPERTY COUNSEL SIGNATURE: _____

V. BLANKET AVAILABILITY AUTHORIZATION (OPTIONAL)

☐ This blanket availability authorization is granted on (date) _____
All documents issued under the following contract/grant/project number may be processed as checked in Sections II and III

CHECK ONE: ☐ Contract ☐ Grant ☐ Project Number _____

SIGNATURE _____

MAIL CODE _____

The blanket availability authorization granted on (date) _____ is

☐ RESCINDED - Future documents must have individual availability authorizations.

☐ MODIFIED - Limitations for all documents processed in the STI system under the blanket release should be changed to conform to blocks as checked in Sections II and III.

SIGNATURE _____

MAIL CODE _____ DATE _____

VI. AUTHOR/ORIGINATOR VERIFICATION

I HAVE DETERMINED THAT THIS PUBLICATION:

☐ DOES contain ITAR/export-controlled, confidential commercial information, and/or discloses an invention and the appropriate limitation is checked in Sections III and/or IV.

☐ Does NOT contain ITAR/export-controlled, confidential commercial information, nor does it disclose an invention and may be released as indicated above.

SIGNATURE _____

DATE _____

VII. PROJECT OFFICER/TECHNICAL MONITOR/DIVISION CHIEF REVIEW OF I THRU VI

☐ APPROVED FOR DISTRIBUTION AS MARKED

☐ NOT APPROVED

NAME

MAIL CODE

SIGNATURE

DATE

VIII. EXPORT CONTROL REVIEW/CONFIRMATION

☐ Public release is approved

☐ Export-controlled limitation is not applicable

☐ Export-controlled limitation is approved

☐ Export-controlled limitation (ITAR/EAR marked in Section III is assigned to this document)

USML CATEGORY
NUMBER

CCL NUMBER, ECCN
NUMBER

CENTER OR HQ EXPORT CONTROL ADMINISTRATOR
SIGNATURE

DATE

IX. DAA FINAL APPROVAL

☐ APPROVED FOR DISTRIBUTION AS MARKED
IF REQUIRED BY YOUR CENTER

☐ NOT APPROVED

SIGNATURE _____

MAIL CODE _____ DATE _____

X. DISPOSITION

SEND THIS FORM, WHEN COMPLETED, TO YOUR CENTER'S RESPONSIBLE OFFICE OR TECHNICAL PUBLICATIONS OFFICE.



National
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International Travel Worksheet

Medical Certification Form

I, _____, certify that _____
NASA CLINIC PHYSICIAN EMPLOYEE/TRAVELER/PATIENT
 is medically _____ for official travel to _____
CLEARED/NOT CLEARED DESTINATION(S)
 from _____ to _____.
DATE DATE

DESTINATION - SPECIFIC MEDICAL INFORMATION PROVIDED? ☐ YES ☐ NO IF YES, WHAT? _____

TRAVEL KIT ISSUED? ☐ YES ☐ NO IF YES, PLEASE RETURN THE KIT AT THE TIME OF YOUR POST-TRAVEL APPOINTMENT SOS CARD ISSUED? ☐ YES ☐ NO

HEALTH UNIT PHYSICIAN SIGNATURE

PRINT PHYSICIAN'S NAME

DATE

REQUESTS FOR AUTHORIZATION TO SET UP A REIMBURSABLE ARRANGEMENT WITH A PRIVATE COMPANY OR COLLEGE/UNIVERSITY

INSTRUCTIONS:

Refer to NMD/AD 9710.8a, FMM 9740-28, and GMI 9710.8 for detailed regulations covering reimbursable arrangement. Reimbursable arrangements with societies and other U.S. Government agencies may be approved by the Center Director.

TRAVELER NAME		TRAVELER TITLE	TRAVELER ORGANIZATION CODE
INSTALLATION		TRAVEL POINTS / ITINERARY:	
TRAVEL DATES			
FROM	TO		
PURPOSE / JUSTIFICATION:			
<p>The Center response to the customer will be held in the Director's Office.</p> <p>This reimbursement off was not solicited.</p>			
METHOD OF REIMBURSEMENT (Check one) <input type="checkbox"/> IN KIND <input type="checkbox"/> ADVANCE PAYMENT TO GSFC		REIMBURSEMENT OFFERED: <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> PER DIEM <input type="checkbox"/> MISC. EXPENSES	
NAME OF PRIVATE COMPANY OR COLLEGE / UNIVERSITY OFFERING REIMBURSEMENT			
DOES THIS PRIVATE COMPANY/COLLEGE/UNIVERSITY HAVE ANY NASA CONTRACTS OR GRANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, HAS IT BEEN DETERMINED THAT NASA CONTRACT/GRANT FUNDING WILL NOT BE USED FOR REIMBURSEMENT OF THIS TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INSTALLATION DIRECTOR			
SIGNATURE			DATE
HEADQUARTERS APPROVAL			
SIGNATURE			DATE



National
Aeronautics and
Space
Administration

GSFC STI PUBLIC DISCLOSURE EXPORT CONTROL CHECKLIST

Title

Instructions – This checklist is used for the disclosures of STI, and ITAR or EAR controlled information.

For STI (scientific and technical information) disclosures subject to NPG 2200.2 (Guidelines for Documentation, Approval, and Dissemination of STI), this checklist should be forwarded with the NASA Form 1676 (NASA Scientific and Technical Document Availability Authorization (DAA)). For all other ITAR (International Traffic in Arms Regulations, 22 CFR 120-130) and EAR (Export Administration Regulations, 15 CFR 730-774) disclosures, this checklist should be forwarded with a copy of the information to the GSFC Export Control Office for review/approval. Completion of this checklist should minimize delays in approving most requests.

Background Information

The GSFC Export Control Office (Code 232) requests your assistance in assuring that your proposed disclosure (e.g., document, publication, presentation, or data) of NASA STI complies with the ITAR and the EAR. The NASA Export Control Program requires that every domestic and international release of GSFC STI be reviewed through the GSFC Export Control Office in accordance with the NASA Form 1676 process. Release of NASA information into a public forum may provide access to NASA technology to those countries with interests adverse to the United States. Failure to comply with the ITAR and/or the EAR may subject individuals to fines of up to \$1 million and/or up to ten years imprisonment per violation.

Generally, the export of information pertaining to the design, development, production, manufacture, assembly, operation, repair, testing, maintenance or modification of defense articles (e.g., space flight hardware, ground tracking systems, launch vehicles to include sounding rockets and meteorological rockets, radiation hardened hardware and associated hardware and engineering units for these items) are controlled by the State Department under the ITAR. The export of information with respect to ground based sensors, detectors, high-speed computers, and "dual use" (military/commercial) technology items are controlled by the Commerce Department under the EAR. A complete listing of items covered by the ITAR and the EAR can be accessed at <http://export.gsfc.nasa.gov>. If the information intended for release falls within the above categories but fits into one or more of the following exemptions, the information may be released.

EXEMPTION I – Public domain information

If your information is already in the public domain in its entirety through a non-NASA medium and/or through a NASA release previously approved by any NASA Export Control Office, the information is exempt. If the information falls into this category, you may attest that you are using this exemption by signing below.

PRINT NAME AND CODE	SIGNATURE	DATE
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EXEMPTION II – Scientific data

If your information pertains exclusively to the release of scientific data (e.g., data pertaining to studies of clouds, soil, vegetation, oceans, planets, stars, galaxies and the universe) without the disclosure of information pertaining to articles controlled by the ITAR or EAR, such as flight instruments, high-speed computers, or launch vehicles, the information is exempt. If the information falls into this category, you may attest that you are using this exemption by signing below.

PRINT NAME AND CODE	SIGNATURE	DATE
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EXEMPTION III – General purpose information

If your information falls into the ITAR or EAR areas of concern as referenced above, but is offered at a general purpose or high level (e.g., poster briefs and overviews) where no detailed technical information (e.g., design, development, production, or manufacturing) pertaining to ITAR or EAR controlled items is offered, the information is exempt. If the information falls into this category you may attest that you are using this exemption by signing below.

PRINT NAME AND CODE	SIGNATURE	DATE
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**EXEMPTION IV – Software safety and assurance methodologies**

If your information pertains exclusively to the release of software safety and assurance methodologies or studies, without disclosing information pertaining to articles controlled by the ITAR or EAR, the information is exempt. If the information falls into this category, you may attest that you are using this exemption by signing below.

PRINT NAME AND CODE	SIGNATURE	DATE
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REQUEST FOR ITAR 125.4(b)(13) EXEMPTION – Technical data

If your information is not satisfied by the exemptions stated above, the information might be releasable using exemption 125.4(b)(13) of the ITAR. This exemption allows the release of ITAR controlled information into the public domain and does not require that the information be published in order to qualify. Use of this exemption is afforded only to agencies of the Federal Government. The GSFC Export Control Office will approve this exemption only after receiving assurance that such a release is a responsible action. The following guideline has been established regarding the use of this authority: The information may not offer specific insight into the design, development, production, or manufacture of an identified ITAR controlled item (reference paragraph 2 above) in sufficient detail (by itself or in conjunction with other information in the public domain) to allow potential adversaries to replicate the item, or exploit or defeat controlled U.S. technologies. All signatures of approval on NASA Form 1676 (and in the signature blocks below) expressly indicate concurrence with the responsible use of this exemption when it is requested. If you determine that you have met these criteria, you may attest your determination by signing below, and the GSFC Export Control Office will offer favorable consideration toward approving your request under this special exemption.

PRINT NAME AND CODE	SIGNATURE	DATE
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If a NASA Form 1676 does not accompany this request, use of this exemption requires approval from a Branch-level or higher management official.

PRINT NAME AND CODE	SIGNATURE	DATE
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The GSFC Export Control Office ☐ approves ☐ does not approve this exemption/request.

Center Export Administrator (CEA)	SIGNATURE	DATE
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If your STI, ITAR, or EAR disclosure does not satisfy any of the above exemptions, please contact the GSFC Export Control Office for further clarification on the releasability of your information under the ITAR or EAR.

DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

ENTRY SUMMARY

Form Approved OMB No. 1515-0065

UNITED STATES CUSTOMS SERVICE		ENTRY SUMMARY	
		1. Entry No.	2. Entry Type Code
		4. Entry Date	5. Port Code
		6. Bond No.	7. Bond Type Code
		3. Entry Summary Date	
		8. Broker/Importer File No.	
9. Ultimate Consignee Name and Address	10. Consignee No.	11. Importer of Record Name and Address	
		12. Importer No.	
		13. Exporting Country	
		14. Export Date	
		15. Country of Origin	
	State	16. Missing Documents	17. I.T. No.
		18. I.T. Date	
19. B/L or AWB No.	20. Mode of Transportation	21. Manufacturer I.D.	22. Reference No.
23. Importing Carrier	24. Foreign Port of Lading	25. Location of Goods/G.O. No.	
26. U.S. Port of Unlading	27. Import Date		

28 Line No.	29 Description of Merchandise		32 Net Quantity in T.S.U.S.A. Units	33 A. Entered Value B. CHGS C. Relationship	34 A. T.S.U.S.A. Rate B. ADA/CVD Rate C. I.R.C. Rate D. Visa No.	35 Duty and I.R. Tax	
	30 A. T.S.U.S.A. No. B. ADA/CVD Case No.	31 A. Gross Weight B. Manifest Qty.				Dollars	Cents

36 Declaration of Importer of Record (Owner or Purchaser) or Authorized Agent I declare that I am the <input type="checkbox"/> Importer of record and that the actual owner, purchaser, or consignee for customs purposes is as shown above. OR <input type="checkbox"/> owner or purchaser or agent thereof. I further declare that the merchandise <input type="checkbox"/> was obtained pursuant to a purchase or agreement to purchase and that the prices set forth in the invoices are true. OR <input type="checkbox"/> was not obtained pursuant to a purchase or agreement to purchase and the statements in the invoices as to value or price are true to the best of my knowledge and belief. I also declare that the statements in the documents herein filed fully disclose to the best of my knowledge and belief the true prices, values, quantities, rebates, drawbacks, fees, commissions, and royalties and are true and correct, and that all goods or services provided to the seller of the merchandise either free or at reduced cost are fully disclosed. I will immediately furnish to the appropriate customs officer any information showing a different state of facts. Notice required by Paperwork Reduction Act of 1990: This information is needed to ensure that importers/exporters are complying with U.S. customs laws, to allow us to compute and collect the right amount of money, to enforce other agency requirements, and to collect accurate statistical information on imports. Your response is mandatory. (Continued on back of form.)		U.S. CUSTOMS USE <table border="1"> <tr> <td>A. Liq. Code</td> <td>B. Ascertained Duty</td> <td>(37) Duty</td> </tr> <tr> <td></td> <td>C. Ascertained Tax</td> <td>(38) Tax</td> </tr> <tr> <td></td> <td>D. Ascertained Other</td> <td>(39) Other</td> </tr> <tr> <td></td> <td>E. Ascertained Total</td> <td>(40) Total</td> </tr> <tr> <td colspan="2">(41) Signature of Declarant, Title, and Date</td> <td></td> </tr> </table>		A. Liq. Code	B. Ascertained Duty	(37) Duty		C. Ascertained Tax	(38) Tax		D. Ascertained Other	(39) Other		E. Ascertained Total	(40) Total	(41) Signature of Declarant, Title, and Date		
A. Liq. Code	B. Ascertained Duty	(37) Duty																
	C. Ascertained Tax	(38) Tax																
	D. Ascertained Other	(39) Other																
	E. Ascertained Total	(40) Total																
(41) Signature of Declarant, Title, and Date																		

**PAPERWORK REDUCTION ACT NOTICE CONTINUED FROM OTHER SIDE**

Statement Required by 5 CFR 1320.21: When this form is used for a formal entry, the average burden associated with this collection of information is 20 minutes per respondent depending on individual circumstances. (When this form is used for an informal entry, the estimated burden is 5 minutes.) Comments concerning the accuracy of the burden estimate and suggestions for reducing the burden should be directed to U.S. Customs Service, Paperwork Management Branch, Washington DC 20229. DO NOT send completed form(s) to this office.

Application for a U.S. Passport or Registration (DS-11)

Application for a U.S. Passport by Mail (DS-82)